Section

#### **VENDOR**

Subject

#### APPLICATION

**SUMMARY** 

All new vendor applicants, and existing vendors when asked, must complete the North Dakota WIC Store Application.

#### **PROCEDURE**

Grocers

WIC Staff

- 1. New grocers wishing to participate in WIC must complete the application form. Send the WIC Food List, Stocking Requirements, and Price Survey with the Application form to the requesting grocer, and ask them to complete both the Price Survey and the Application form and return it to your office. Existing vendors must complete the Application form each time they renew their contract.
- 2. Enter the vendor into WICnet, and select "Pending Application" for the status. You will then get a Vendor ID number assigned for the store. Enter the information gathered from the Application into WICnet.
- 3. If it appears from the Application and Price Survey that the grocer will be able to meet WIC requirements, schedule a visit to the store.
- 4. During the visit, make sure that the information presented on the Application is correct and complete the WIC Vendor Approval form. Check the condition of the store. Some "flags" or reasons why you might be cautious about the store include: poor appearance of store, high staff turnover, high prices, and/or a poor attitude on the part of the owner/manager.
- 5. A copy of the completed approval form, approving or disapproving, will be sent to the grocer.
- 6. If the vendor is approved, change their status to "Active" in WICnet. You may also give them a North Dakota WIC Vendor Manual so they can keep all their WIC items together. If the vendor is not approved, change their status to "Rejected" in WICnet. You will also need to record a rejected reason.
- 7. If disapproved, the reason(s) must be recorded in an attached letter or on the back of the form. The Vendor Administrative Appeal Fact Sheet will accompany letters of denial. If a vendor is disapproved, they must wait at least six months until they submit another application to be a WIC vendor.

Date

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\*See Appendix 1 for the Application Packet



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### **VENDOR**

Subject

## APPLICATION

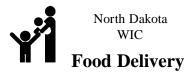


## **WIC STORE APPLICATION**

		TMENT OF HEA AND PHYSICA			
(Jun - 07)					
Please complete and return t	to the			WIC Program.	
An incomplete application for	rm will not be a	accepted. Unless	s listed as optional, all i	tems need to be filled in.	
Name of Store			Name of Owner		
Address			Name of Manager		
City		State	Zip Code	Telephone Number	
Email address (optional)		Fax number			
WIC contact person (if different from above)			Title (ex. head cashier, manager, etc.)		
Number of Checkout Lanes		Number of Cashi	ers Employed	Square Feet of Retail Space	
Names of Food Wholesaler(s)			Name of Infant Formula	Wholesaler(s)	
Is this store a full-service grocer	•		-		
How long has this store been in business? Under this name or another?					
If another name, please list:					
Type of Store: Corporation	n/Major Chain	☐ Partnership	Sole Ownership	☐ Pharmacy ☐ Dairy	
Hours of Business:	Sunday:		Monday:	Tuesday:	
Wednesday:	Thursday:		Friday:	Saturday:	
Does this store currently particip	ate in the Food	Stamp Program?		☐ No ☐ Yes	
If yes, please list the 7 digit Food Stamp authorization number					
Have you ever been disqualified from the Food Stamp Program or been assessed a civil money penalty for hardship?  ☐ No ☐ Yes					
If yes, please state when and v	why:				
Have you been convicted of or years? ☐ No ☐ Yes	had a civil judg	ment entered aga	inst you for any frauduler	nt business activities in the past six	
If yes, please explain					
Do you own or manage any other grocery stores?					
Do you stock the minimum varieties and quantities of WIC-approved foods (see attached Vendor Stocking Requirements)?					
Are you able to obtain infant or special formulas within 48-72 hours?					
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### **VENDOR**

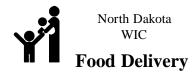
Subject

#### APPLICATION

ALLECATION				
Does this store receive (or anticipate it will receive) 50% or more of their sales from WIC?   No Yes				
What is this store's estimated:	What is this store's estimated:			
Weekly Gross Sales \$OR	Weekly Food Stamp eligible sales \$OR			
Annual Gross Sales \$	Annual Food Stamp eligible sales \$			
If you are a new store, what are your projected (estimated) weekly gross sales? \$	If you are a new store, what are your projected (estimated) annual Food Stamp eligible sales? \$			
Sales Documentation may be requested by the North Dakota State WIC Office for evaluation if USDA determines a store may realize greater than 50% of a stores total revenue from WIC food instruments. <b>Verifiable documentation must be</b> presented upon request of the North Dakota WIC Program. Verifiable documentation includes but is not limited to State tax forms, Federal tax forms, and/or daily retail sales and cash records.				
Does this store have scanners?				
If so, do they have the ability to identify that a food item is WIC aut	horized?  No Yes			
To the best of my knowledge, all of the above answers and the enclosed price survey are correct. The prices enclosed are the actual shelf prices for food. I understand that, should my store be accepted as a WIC vendor, I will abide by WIC Program regulations and policies including, but not limited to, the following:				
<ul> <li>Participating in annual vendor training sessions</li> </ul>	Submission of accurate WIC price surveys quarterly.			
<ul> <li>Training of employees regarding WIC procedures by employer or WIC staff if specifically requested</li> <li>Periodic monitoring visits to store by WIC staff</li> <li>All items in the WIC vendor agreement</li> </ul>				
I understand that this is only a request for approval as a WIC vendo	-			
Signature	Date			
Title	•			
In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age or disability.  To file a complaint of discrimination, write to the USDA, Director, Office of Adjudication and Compliance, 1400 Independence Avenue SW, Washington, DC, 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.				
Attachments: Price Survey, WIC food list, vendor stocking requirements, N	North Dakota WIC Vendor Selection Criteria			
In the case of a denial for a WIC contract, the vendor must wait	six months to submit another application.			

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**VENDOR** 

Subject

## APPLICATION



# WIC VENDOR APPROVAL FORM NORTH DAKOTA DEPARTMENT OF HEALTH DIVISION OF NUTRITION AND PHYSICAL ACTIVITY

	leted by WIC staff)					
Date	Store Type: □ Food □ Pharmacy □ Dairy only					
Name Of Store	T I TOOG I FITALITIACY II DAIIV OIIIV					
Street Address						
City, State and Zip	Code					
_						
	CRITERIA: The following criteria, developed by the State Agency, will be applied when selecting stores to participate in the WIC during periodic reviews of stores' qualifications.					
Yes No						
333343338	1. a. How many grocers serve this area? b. How many WIC clients in the area?					
	Is the store's appearance sanitary, with no evidence of excess unremoved rubbish, vermin, or general lack of cleanliness? If no, describe:					
	3. Is this a full-service grocery store? (N/A for pharmacy or dairy)					
	4. Is the store open for business at least eight (8) hours per day, six (6) days per week?					
	5. Are shelf prices competitive (no more than 15 percent above the average cost for representative food packages) with other food stores in the area?					
	6. Are the minimum quantities and varieties stocked of the WIC approved foods?					
	7. Are any additional services offered? (Check all that apply)  ☐ Gas ☐ Alcoholic Beverages ☐ Deli and/or Hot Food					
	8. Is there evidence of WIC foods or formula with stale expiration dates?					
	Has store and/or owner or manager ever been disqualified from the Food Stamp Program or been assessed a civil money penalty for hardship?					
	10. Has owner, officer, or manager of the store been convicted of or had a civil judgment entered against them?					
	11. Has store been sold previously to circumvent a WIC sanction?					
	12. If the grocer has participated in WIC, have there been problems with voucher errors, return of vouchers, etc.? If yes, describe:					
B. COMPLIANCE Program.	E: The local agency will report store compliance with the above criteria when a store is considered for participation in the WIC					
	ny of the above criteria (except for the competitive price criterion) may be waived with permission of the State Agency if, in the e State or Local Agency, undue hardship would be placed upon participants due to the store's absence from the Program.					
Recommendation	FOR WIC LOCAL AGENCY USE ONLY on of Local Agency:   Approve Disapprove					
If disapproved, o	or if criteria waivers are requested, reasons must be provided on reverse side.					
Local Agency Date						
Signature and Ti	itle					
Date	Page					

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